

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents

P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required), Blocks I through 5 should be completed where

ndicated unless corrected below or directed otherwise in Block 1, by (a) specifying a naintenance fee notifications.		
CURRENT CURRESPONDENCE ADDRESS (Note: Do: Black 1 for any change of address)	Note: A certificate of mailing can only be used for domestic mailings of the	i

Fee(s) Transmittaf. This certificate cannot be used for any other accompanying

06/10/2010 7590

Eric S Hyman Blakely Sokoloff Taylor & Zafman 12400 Wilshire Boulevard 7th Floor

Los Angeles, CA 90025

Hissue Fee

papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United

States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FIE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name (Signate

ATTORNEY DOCKET NO. CONFIRMATION NO FIRST NAMED INVENTOR APPLICATION NO FILING DATE 06/04/2007 51876P1112 9448 10/584 419 Hyan Lee TITLE OF INVENTION: APPARATUS AND METHOD FOR TRANSFORMING A DIGITAL TV BROADCASTING SIGNAL TO A DIGITAL RADIO

BROADCASTING SIGNAL

(1) the names of up to 3 registered patent attorneys defense for PFO-SB/122) attacked. (1) the names of up to 3 registered patent attorneys of a gent of the name of a single firm (having as a member a registered attorney or agent) and the names of up to 1075(8)47; Rev 03-20 or more recreal) attached. Use of a Customer registered attorneys or agent. If no mane is 3	APPLN TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
LEE, MICHAEL 2622 348-725000 Langue of correspondence address or indication of "Fee Address" (37 (1) files among of a respondence address for Change of Correspondence address for Pice Address	nonprovisional	YES	\$755	\$300	\$0	\$1055	09/10/2010	
hange of correspondence address or indication of "Fee Address" (37 (1.5.6)). 1.5.0) The names of up to 3 registered patient atomorphisms of the names of up to 3 registered patient atomorphisms. Taylor & Zafman (1.5.6) The names of up to 3 registered patient atomorphisms of the names of up to 3 registered patient atomorphisms. Taylor & Zafman (1.5.6) The name of up to 3 registered patient atomorphisms of up to 3 registered patient atomorphisms. Taylor & Zafman (1.5.6) The name of up to 3 registered patient atomorphisms of up to 3 registered patient atomorphisms. Taylor & Zafman (1.5.6) The name of up to 3 registered patient atomorphisms of up to 3 registered patient atomorphisms. Taylor & Zafman (1.5.6) The name of up to 3 registered patient atomorphisms of up to 3 registered patient atomorphisms. Taylor & Zafman (1.5.6) The name of up to 3 registered patient atomorphisms of up to 3 registered patient atomorphisms. Taylor & Zafman (1.5.6) The name of up to 3 registered patient atomorphisms of up to 3 registered patient atomorphisms. Taylor & Zafman (1.5.6) The name of up to 3 registered patient atomorphisms of up to 3 registered patient atomorphisms. Taylor & Zafman (1.5.6) The name of up to 3 registered patient atomorphisms of up to 3 registered patient atomorphisms. Taylor & Zafman (1.5.6) The name of up to 3 registered patient atomorphisms of up to 3 registered patient atomorphisms. Taylor & Zafman (1.5.6) The name of up to 3 registered patient atomorphisms of up to 3 registered patient atomorphisms. Taylor & Zafman (1.5.6) The name of up to 3 registered patient atomorphisms of up to 3 registered patient atomorphisms. Taylor & Zafman (1.5.6) The name of up to 3 registered patient atomorphisms of up to 3 registered patient atomorphisms. Taylor & Zafman (1.5.6) The name of up to 3 registered patient atomorphisms of up to 3 registered patient atomorphisms. Taylor & Zafman (1.5.6) The name of up to 3 registered patient atomorphisms of up to 3 registered patient atomorphisms. Taylor & Zafman (1.5.6) The name of u	EXAMINER ART		ART UNIT	CLASS-SUBCLASS				
(1) the names of up to 3 registered patient attorneys of a gents Off. afternatively. (1) the names of up to 3 registered patient attorneys of a gents Off. afternatively. (2) The Address' indication for "Fee Address' Indication for more of the property of the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patient attorneys or agent. If no name is 3 registered patient attorneys or agen	LEE, M	ICHAEL	2622	348-725000				
	Change of correspondence address or indication of "Fee Address" (37 FR 1.50). Change of correspondence address (or Change of Correspondence Address form PTO-SB 1/2.2) attached. JFee Address" indication (or "Fee Address" Indication form PTO/SB 1/2.7 or more recent) attached. Use of a Customer Number is required.		(1) the names of up to or agents OR, afternating (2) the name of a single registered attorney or a 2 registered patent atto	3 registered patent attorn vefy. e firm (having as a membragent) and the names of up meys or agents. If no nam	Taylor & Z			

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

ELECTRONICS AND TELECOMMUNICATIONS RESEARCH INSTITUTE REPUBLIC OF KOREA

Please check the appropriate assignee category or categories (wiff not be printed on the patent) : 🔲 Individual 📈 Corporation or other private group entity 🔲 Government

4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

A check is enclosed. Publication Fee (No small entity disequnt permitted)

□ Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any Advance Order - # of Copies ______ overpayment, to Deposit Account Number 022666 (enclose an extra copy of this form).

□ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignce or other party in interest as shown by the records of the United Seates Patent and Trademark Office. Date

Authorized Signature Eric S. Hyman Registration No. Typed or printed name

This collection of information is required by 37 CFR 1311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including galacting, preparing; and submitting the completed application from the USPTO to process admitted to the properties of the USPTO to process admitted to the properties and the USPTO to process the USPTO to the US

OMB 0651-0033

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

5. Change in Entity Status (from status indicated above)